Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Division regarding a medical fee dispute between the requestor and the respondent named above. This dispute was received on 11/13/03.

## I. DISPUTE

Whether there should be reimbursement for CPT 76005-26 for date of service 8/8/03, in the amount of $34.45.

## II. RATIONALE

The service in dispute was denied as "F-Fee guideline, MAR reduction."

Requestor states, in their letter dated 9/5/03, "According to the new MAR fee schedule effective 8/1/03, based on Medicare/Trailblazer Health, this code (76005) is payable and not part of the global service."

Carriers' statement of position, dated 11/21/03, states, in part, "We agree with the CPT guidelines in that the code is valid when billed with the codes listed in the Guide. We question, however, when providers bill professional/technical portions, not the whole procedure. We do not have a clear understanding how the reading of the fluoroscopic image should be separately paid."

Commission Rule 134.202 (b), Medical Fee Guideline, effective 8/1/03, states that, "For coding, billing, reporting, and reimbursement of professional medical services, Texas Workers Compensation system participants shall apply the Medicare program reimbursement methodologies, models, and values or weights including its coding, billing, and reporting payment policies in effect on the date a services is provided with any additions or exceptions in this section." To determine the maximum allowable reimbursement (MAR) for professional services system participants shall apply the Medicare payment policies with the following minimal modifications: Rule 134.202 (c) (1) states, "For service categories of Evaluation & Management, General Medicine, Physical Medicine and Rehabilitation, Surgery, Radiology, and Pathology. The conversion factor to be used for determining reimbursement in the Texas workers' compensation system is the effective conversion factor adopted by Centers for Medicare and Medicaid Services multiplied by 125%."

The Medicare Fee Schedule states, in part, "…code 76005 may be reported separately, in addition to codes 64470-64484, …". Therefore, reimbursement is recommended in the amount of $34.45.

## IV. DECISION & ORDER

Based upon the review of the disputed healthcare services within this request, the Division has determined that the requestor is entitled to reimbursement in the amount of $34.45. Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Division hereby ORDERS the Respondent to remit $34.45 plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this Order.

The above Findings, Decision and Order are hereby issued this 25th day of February 2004.

Terri Chance
Medical Dispute Resolution Officer
Medical Review Division

TC/tc